

To continue the dialogue
-- in a more substantive way.

A recommendation for the continuation of the existing
advertising program of the tobacco industry.

November 1978

1005122300

Where we are

With the "price support" advertisement currently running in national media, the tobacco industry has moved steadily from its base of support in the Southeastern part of the United States to the beginning of a dialogue with a national audience on matters of broad general interest.

We must now continue that dialogue in a more substantive way, treating more directly with those specific issues our national audience is keenly interested in.

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Objectives

Our overriding objective is to promote full and free discussion of all issues, and in so doing, to enhance the freedom of choice of all individuals and of society at large in deciding these issues.

In this, we are guided by our continuing objectives:

1. To give support to our friends, and gather support from them.
2. To encourage scientific research, and to promote greater reliance on it.
3. To help to eliminate those exaggerations, distortions and myths which stand in the way of full and free discussion.
4. To provide fresh information, not generally known, which can further that discussion.
5. To ameliorate repressive measures.
6. To improve smoker morale, and the acceptance of smokers.
7. To provide support for all industry activities.

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Creative Rationale

We have a wide range of issues to discuss, issues our audience has long been expecting us to address openly and candidly.

They range from "passive smoking" to "courtesy", from the clearing away of myths and distortions to reports on what we, ourselves, are doing in support of research to find fundamental answers.

These topics cannot be arranged in any optimum order of presentation, like a lawyer's brief, nor should they be. We are not engaged in argumentation for or against, but in a dialogue to further public discussion.

Neither can these subjects be treated in hermetically sealed compartments on a one-issue basis, for one subject inevitably, in the normal flow of thought, calls another into question. It is the nature of a dialogue that it is free form, and our "issues" constitute a seamless web.

There will be times, in our ongoing dialogue, when it will be useful to address companion messages to separate audiences -- to smokers on the one side, and nonsmokers on the other. And each can freely "look over the shoulder" of the other.

The climate of opinion changes, and with it the degree of importance of particular issues or the manner in which they are best addressed. To that extent, we cannot with certainty predict the exact subjects or treatment we shall need over a long period of time.

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We have explored a wide range of topics of reasonably permanent interest. And from these, we need three "bedrock" topics with which to begin.

They will not, by themselves, nor will any three messages, "solve our problems."

But they can, and will, make an important contribution to the furtherance of full and free discussion and the freedom of choice which are our goals.

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The ultimate decisions on a wide range of issues affecting smokers will be decided by nonsmokers since they constitute the majority of the population.

This is simply an attempt to list some of those issues and solicit the involvement of nonsmokers in discussion of them.

It represents the softest possible approach to the encouragement of public discussion, and is included as an example of a more long-range, less direct sort of dialogue with our audience.

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An Open Letter to Nonsmokers

You've heard a lot from the anti-smokers.

Now we hope you'll read some words of ours.

If nothing else, we'll promise they'll be different, probably surprising, and, we'd like to think, helpful to you in making your decisions about all the things that are affecting you in the great smoking-and-health controversy.

Because there are a lot of things in the current "war on smokers" that affect you -- from the progress (or lack of it) in scientific research on disease, to where you sit in a plane or (in some places) in restaurants.

The fact is that you, and your opinion, have suddenly become vital. If there is to be a voice of reason between smokers and anti-smokers, it will have to be that of the responsible nonsmoker.

There are some weighty issues for you to decide:

Should the money you contribute to health organizations or pay in taxes be used to "educate" smokers or for research into the causes and cures of disease?

Should discourteous smokers (and there are some) be disciplined by the passage of expensive laws that affect everybody or left up to individuals?

Should newspapers and magazines accept some responsibility for correcting what they know to be scientifically unfounded claims of the more extreme anti-smokers? (Some examples you've probably been exposed to are that smokers get "black lungs" -- they don't. Or that nonsmokers get disease from the ordinary smokers around them -- they don't.)

We think the answers to these questions are vital, and that they must be discussed, not merely because they affect you, personally -- and nonsmokers

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are 60% of the adult population -- but because they affect our entire society, and its future.

For a long time, we felt -- and still do feel -- that the issue of smoking and health is a scientific one, to be resolved by objective scientific fact.

But in a democracy there is no way to prevent the formation of factions who are anti-this or anti-that -- nor should there be. And the only corrective is full and free public discussion.

Such public discussion also requires an audience that is open-minded enough to listen to the other side. And since you have read this far, you are obviously one of those, and we thank you for it.

If you'd like to know more about some of the current misconceptions on the issue of smoking and health and its relation to nonsmokers, we'd like to send you a short pamphlet entitled "Tobacco Facts -- True or False?" Just send your name and address to "Tobacco Facts, The Tobacco Institute, 1776 K Street, N.W., Washington, D.C. 20006.

The Tobacco Institute

Freedom of choice is the best choice.

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The essential threat to open discussion is social, not legislative, repression.

We need to speak candidly of this to our two separate audiences, smokers and nonsmokers, in the way each perceives it.

To smokers, we need to point out that the threat comes not from the great body of nonsmokers but from a handful of anti-smokers.

To nonsmokers, we need to question the essential grounds for the repression that anti-smokers would bring about: that it is good for smokers.

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A Word to Smokers

(about nonsmokers and anti-smokers)

We want to make a distinction between nonsmokers and anti-smokers.

About 60% of the adult population doesn't smoke; 40% do. So nonsmokers are all around us: friends, relatives, co-workers, acquaintances. In general, smokers get along very well with nonsmokers.

Anti-smokers are a breed apart. Nearly every smoker has experienced, at a minimum, the anti-smoker's exaggerated cough, annoyed glare or other attempt to make him feel uncomfortable. It is their established and openly-avowed policy to "humiliate," to "harass" and to "mortify" smokers. And operating in groups, they can be truly "dangerous to health" -- and freedom -- not only of smokers but of nonsmokers as well.

Some examples, taken at random:

1. A nationally-known TV and film star was prevented from going on stage by a band of anti-smokers threatening violence because the star frequently smoked on stage. The occasion was a benefit to raise funds for crippled children.

2. The executive director on one anti-smoking group has announced plans to build an "army" of 2,000,000 militants who will go about "zapping" smokers in the face with spray from aerosol cans.

"You don't know what a rewarding feeling it is," he is quoted as saying, "the first time you spray a smoker in the face. It's hard to work yourself up to the first spray. It takes guts. But once you've broken the ice, it's easy. And you feel exhilarated."

Such people clearly do not speak for the great majority of nonsmokers. But the danger is that some legislators will think that they do.

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"When I went to the legislature," says one anti-smoking lobbyist, "they thought I had about 10,000 people behind me. That was a laugh. It was just me. I had the law passed by myself."

If it is a "laugh," it is a joke on nonsmokers as well as smokers, for it is nonsmokers as well as smokers who ultimately pay the cost of foolish laws and regulations, and of repression of the rights of any group.

And it is up to all of us -- nonsmokers and smokers alike -- to speak up in voices at least as clear as those of the anti-smokers against repression and harassment of whatever kind.

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A Word to Nonsmokers

(about smokers)

Today there is a massive campaign under way by literally dozens of anti-smoking groups to coerce smokers into not smoking -- by punitive taxation, by prohibitions and propaganda, by restricting places where smoking is permitted and by social pressures of all kinds.

Their campaign will succeed if they get the cooperation of nonsmokers. It will fail if they do not.

One of the essential appeals is that such repression is "for the smoker's own good."

But is it really?

Smokers, some 60 million of them, continue to smoke despite the "risks" they have been well informed of, because of benefits they perceive.

Each has made his own "risk-benefit analysis" and each is entitled to that freedom of choice.

The benefits of smoking were recognized in the first Surgeon General's report:

"Evaluation of the effects of smoking on health," it states, "would lack perspective if no consideration was given to the possible benefits to be derived from the occasional or habitual use of tobacco."

The report also states:

"The significant beneficial effects of smoking occur primarily in the area of mental health, and the habit originates in a search for contentment."

The Nobel Laureate, Professor Ulf von Euler finds it surprising that so little research has been done on the "positive effects" of smoking.

"No one really believes," he says, "that such a large group of humanity

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would be using tobacco or products containing nicotine ... if it was not for the fact that it gives effects that can be considered positive."

Several scientists have said that it may be dangerous for some individuals, especially those for whom smoking relieves tension, to give up cigarettes.

The world's foremost authority on stress, Dr. Hans Selye, questions whether the "over-dramatization" of smoking and health studies has created "innumerable hypochondriacs."

"We have seen many examples of this in medicine: for example, in connection with the so-called 'cardiac neurosis' which can make an essentially healthy man miserable all his life. Such an 'over-enlightened' anxious layman has read so much about the dangers of heart disease that each time he feels a mild pain in his chest ... he believes himself to be in imminent danger of death."

"I wonder how many people who just could not give up smoking might have continued to lead a perfectly normal life had they not been plagued by fears of being not only in great peril, but actually sinful."

Such scientific statements raise, at the very least, the possibility that the anti-smokers may not be operating "for the smoker's own good" but actually to his great harm.

And until we have a scientific answer to that, isn't it perhaps best for all of us to do what Americans have always done -- to allow each of us to decide for ourselves.

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One subject which is necessarily seen in different lights by smokers and nonsmokers is the use of their contributions to private health organizations.

The smoker can view it more intensely and personally -- his money can be used for him or against him.

The nonsmoker may see it more dispassionately and objectively.

But for both, the subject is vital since it affects their health.

And public discussion of it is vital to society as a whole since the decision will determine the progress or lack of it in finding the root causes of the disease for which these organizations collect voluntary contributions.

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7a.

An open letter to nonsmokers:

How much of your money should go to the "war on smokers?"

We want to raise a question about smoking that nonsmokers must answer.

And since it has to do with the proper use of your money, we think you'll be interested.

And the question is:

Of the money you contribute voluntarily to health organizations, how much of it should be spent on "educating" or "propagandizing" smokers -- and how much should go to research on diseases which, while frequently charged to smoking, nevertheless still affect nonsmokers as well as smokers?

An example:

We asked people what part of each dollar they contributed to a well-known health organization went to research. The answers averaged 45 cents. The real answer, however, is 2.3 cents.

This same health organization spends a good deal more (about 28¢) on "educating" or "propagandizing" smokers. To give them their due, they are honestly convinced that smoking is at least one of the major causes of, or at least a contributing factor to, their particular disease.

Having given them their due, there are still at least three problems with their method that we see:

1. It would be hard to find a smoker who needs to be "educated" about the "dangers" of smoking. The Surgeon General's "Warning Notice," carried on every ad and pack of cigarettes, is probably the most widely-published group of words in history.

2. By their own assessment, the money spent on "educating" is largely

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down the drain since it has failed to persuade any sizeable number of smokers.

3. While everybody is out "educating" smokers, who is minding the shop, or better, who is minding the laboratory? Who is trying to find out the real cause of the disease which, after all, cannot be smoking when it strikes nonsmokers.

We think the problem is bigger than the money.

It is that this diversion of funds creates a climate of opinion, a climate that says, "Let's attack the smoker," instead of "Let's attack the disease."

And this climate ends not merely in the potential harm to honest research, but to a hostility between smokers and anti-smokers which ultimately poisons all of society. In threatening and repressing the freedom of choice of smokers, it threatens the freedom of all.

And the only voice that can stop this inexorable trend is that of the uninvolved and objective nonsmoker.

And we think that's you.

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7b.

An open letter to smokers:

Are you supporting the "fight against cancer" or the "war on smokers?"

If you're like other smokers, you tend to be more outgoing, friendly and -- while no one has made a study of this, our guess is you're also -- more generous.

You contribute to all sorts of worthy endeavors and, among them, to "heart," "lung" and "cancer" funds.

You're aware that some of your money is used to "educate" smokers about the risks of smoking.

As a very "goal-oriented" person, you probably question the value of this expenditure since you've never met a smoker who needed "educating" about the risks of smoking or hadn't seen the "Warning Notice" on every pack of cigarettes.

But you're also, the figures show, a very tolerant person who, while he makes high demands of himself, makes lesser demands on others, so you take it in stride.

There comes a point, however, where your tolerance wears thin, and you begin to demand "performance."

The National Information Bureau, a non-profit service for contributors to philanthropic organizations, questions the performance of health organizations:

-- in one major organization, over a 10-year period, while assets were increasing from \$76,500,000 to \$186,800,000, the "percentile allocation (for research) has actually declined."

-- in another, 2.3¢ now goes to research and 28¢ to "education," a great deal of it devoted simply to anti-smoking.

Certainly everyone has a right to be anti-smoking. But no amount of

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money spent on anti-smoking "education" -- or more properly, anti-smoking "propaganda" -- can do what an equal amount spent on research can do.

Only honest research can find the causes and cures of disease. These diseases still affect both smokers and nonsmokers (and anti-smokers, too). And the causes of them, and cures for them, still need to be found.

The public has little control over the diversion by government of tax revenues from the "fight against cancer" to the "war on smokers." But we can all exercise some control, or guidance at least, over our own personal contributions to health organizations.

-- Monitoring groups, like the National Information Bureau, can give us independent reviews of the spending practices of various health organizations.

-- We can do better "shopping" -- some health organizations, like the Damon Runyon Cancer Fund, spend all their money on research, and none at all on propaganda.

-- When in doubt, we can write on the face of our checks, "For research only."

In making these decisions, smokers can exercise the freedom of choice that the "war on smoking" attempts to take away from them.

More importantly, they can hasten the day when science finds the true causes of these diseases. In doing so, they will, ironically, be saving the lives of many anti-smokers who now want to repress their freedom to choose.

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To some degree we need different dialogues with different audiences. We have things to say to smokers and other things to say to nonsmokers.

Speaking openly, in a balanced way, to each, we can say things which are difficult to say separately. An example is "courtesy." Addressed solely to smokers, it becomes a "lecture" to our customers. Taken together with a plea for understanding to non-smokers, it becomes an honest address to a real problem. Courtesy and understanding on both sides are essential ingredients to a dialogue — and to the full and free discussion which permits informed freedom of choice.

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~~(abortion non smokers and anti smokers)~~

**Freedom of choice
is the best choice.**



Later one night during the 1972 presidential campaign, John Chancellor and Tom Brinkman were sitting in a bar in Florida when Chancellor reportedly reached over, grabbed Brinkman and announced, "I want you to be my vice-pres." But Brinkman's attention to the throne was until recently considered a scandal within NRE, especially since former top executives insist—despite official denials—that Chancellor has a

The only disappointments were a rather blunder Myo Tan soup, a banana called turtle salad, some doughy lettuce bean pastries and the current unavailability of the baby cels that are flown in from Spain, vizzled in garlic, oil and soy.

about smokers)

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is the best choice.



A word to smokers

In the expressive jargon of jazz, a lot of folks are "into" segregation these days -- for smokers.

If you've ridden any planes lately, you've found yourself banished to the back of them, last to be served, last to leave.

Here on the ground, there's a sudden sprouting of "No Smoking" signs. And if, by mistake, you happen to light up in the wrong place, you get a sharp reminder, annoyed frown or cold shoulder.

It's a drag.

And it's easy to get the feeling you're being picked on, and made to feel like a social outcast.

But there's another side to this.

In Seattle some time ago, two restaurants tried segregation -- a smoking room for smokers, a nonsmoking room for nonsmokers.

After a month, one had served 10,723 meals in the smoking side, and only 60 in the nonsmoking side. In the other, of 22,068 customers, only 158 asked to be segregated from the smokers.

The point is that most nonsmokers think smokers are O.K. and they like to be around us -- when the choice is left up to them.

So take heart.

That doesn't mean that the small minority of anti-smokers are going to go away. They won't. Some of them have very sensible reasons for objecting. Smoke bothers them. And a discourteous smoker bothers them as much as he bothers us smokers. And then there are people, perfectly rational about everything else, who turn paranoid when a smoker approaches.

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We don't know what to do about these anti-smokers any more than you do -- except to treat them all with as much courtesy and kindness as we can.

It works with our friends, the nonsmokers; it may work with our enemies, the anti-smokers.

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A word to nonsmokers

A great jazz musician once said of his art, "If you don't dig it, I can't explain it."

That's the way it is with smoking.

If you've never smoked, it just looks crazy -- the whole ritual of lighting, inhaling, exhaling. What's the point?

And there's no way to explain it.

But even the Surgeon General knows there's something going on that the smoker likes.

"Evaluation of the effects of smoking on health," the original Surgeon General's report states, "would lack perspective if no consideration was given to the possible benefits to be derived from the occasional or habitual use of tobacco."

"The significant beneficial effects of smoking," it also says, "occur primarily in the area of mental health, and the habit originates in a search for contentment."

The Nobel Laureate, Professor Ulf von Euler, says it as straight as anyone can.

"No one really believes that such a large group of humanity would be using tobacco ... if it were not for the fact that it gives effects that can be considered positive."

Maybe all that says is that, like jazz or chamber music, some people dig it and some don't. And most nonsmokers understand that. It would be a dull world if everybody liked the same things.

The trouble is that some people (anti-smokers, as distinguished

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(from nonsmokers) don't like those of us who march to the sound of the different drummer, and want to harass smokers, to ghetto-ize them and, if possible, to separate them from nonsmokers in just about everything.

And the further trouble is that even the tolerant nonsmokers, and that's most people, are occasionally and honestly annoyed by the occasional boor with the big cigar, smelly pipe or careless cigarette.

They annoy us smokers equally.

But it would be a shame if we allowed a tiny handful of intolerant anti-smokers, and a small group of discourteous smokers, to break up the general harmony.

Maybe if we ignore them both, they'll go away and leave the rest of us to go on playing together.

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Our believability is measured not merely by what we say,
but what we do.

Our plea for greater reliance on honest research, and
against the diversion of research funds to campaigns of repression,
is believable only in the context of our own support for research.

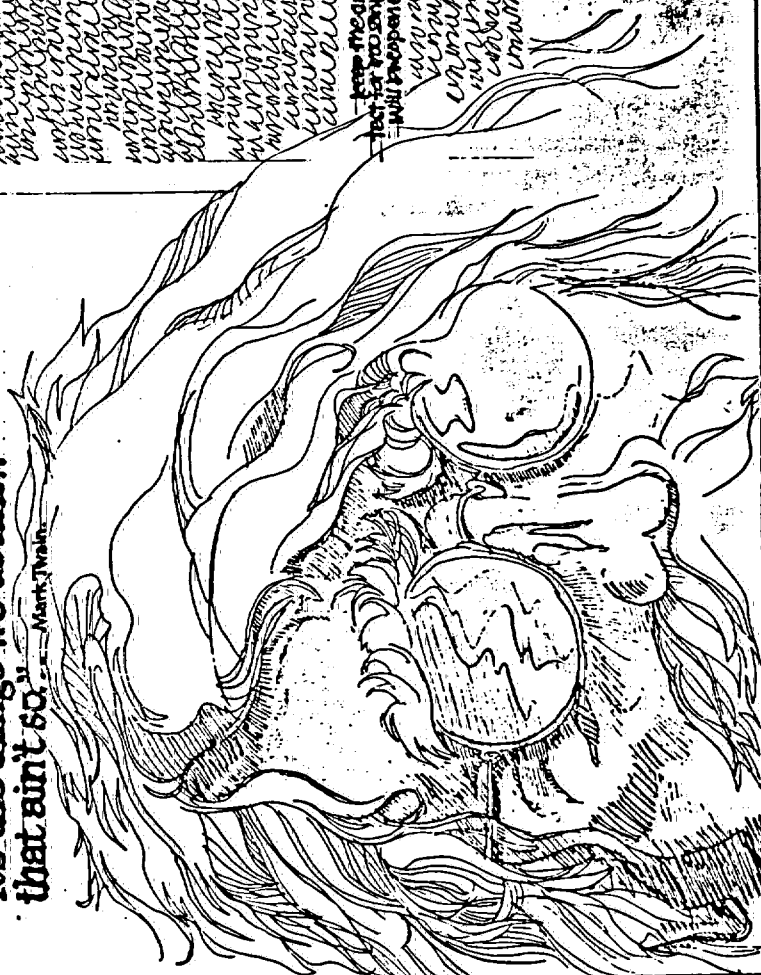
Thus, the fact that the industry has continuously provided
funds for independent research "in amounts far greater than all
private health organizations combined" is an essential part of our
dialogue, and an important fact on which our believability depends.

The encouragement of research, and of reliance on fact, is
a vital goal and the only base on which full, free and informed dis-
cussion can exist.

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It aint so much the things
we dont know that gets us in trouble;
It's the things we do know
that aint so. — Mark Twain.

Marks: 20

[illegible]

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11/10/2011
Wednesday
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[The page contains dense handwritten notes in cursive script.]

Freedom of choice
is the best choice.

18. How does the author use the metaphor of the "great wall" to describe the relationship between the United States and the Soviet Union?

[illegible]

admission never has the
substance been off your —
business — to possess the —
in many forms of
in a new form
in a new form

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After 25 years of supporting tobacco and health research we've come to the same conclusion Mark Twain did:

"It ain't so much the things we don't know that gets us in trouble; it's the things we do know that ain't so."

The list of things we "know that ain't so" about smoking and health is nearly endless:

Do you "know," for instance, that smokers' lungs get black from "tar" in cigarettes? It ain't so. "Tar," as such, simply doesn't exist in smoke itself or in the human body. It is a specially prepared condensate made in laboratories by artificially reducing the temperature of the smoke to levels far below human temperature.

Do you "know" that an experiment on dogs proved that smoking causes lung cancer? It ain't so. ("Twelve dogs out of 86 get cancer" was, in essence, what the headlines said.) After careful study, leading scientific journals refused to publish the findings and when they finally were published, the dogs had been reduced to 2, and even as to these there was considerable doubt.

We do not cite these by way of "proving" anything. They are clearly "proof" of nothing.

For 25 years, the tobacco industry has provided funds for honest scientific research into smoking and health, in amounts far greater than all private health organizations combined. Much useful knowledge has come from that research.

But today Mark Twain's prediction about what "gets us in trouble" is coming true.

Today there are, among the more "anti" of anti-smoking groups and

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individuals, those who, relying on public acceptance of what they "know that ain't so," urge campaigns of repressive measures against the sixty million smokers of the country.

In doing so, they threaten the freedom of choice of all by threatening the freedom of choice of some.

More important, by urging public and private health organizations to shift millions of dollars away from continued research and into campaigns of repression, they endanger the health of all of us.

There will always be those who "know everything." They are the modern-day versions of the "know-nothings" of our past.

But the plain fact is that they do not "know everything." We clearly do not know the real causes and cures of the diseases that the scientists are investigating, diseases which, when all is said and done, were with us long before smoking began, and which still strike both smoker and nonsmoker.

We think that the \$70,000,000 that the tobacco industry has contributed to some of the world's leading scientists in universities, hospitals and research centers around the world* has been money well spent.

As a result of such research, we really do "know" many things we did not know before, and that knowledge is today saving lives and may one day help to lead us to the true causes of heart disease, cancer, diseases of the lung and all the other ancient scourges to which man is heir.

In the meantime, each of us can help bring that day closer by insisting that the money we freely contribute to "heart" or "cancer" or "lung" associations go to research on the "things we don't know" rather than on the wasteful propagandizing of the "things we know that ain't so."

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* Among the recipients of grants for work have been individual doctors and scientists working at, or associated with, such institutions as: Columbia University College of Physicians and Surgeons; Harvard Medical School, Massachusetts General Hospital; Yale University School of Medicine, The Johns Hopkins University School of Medicine, Tufts University School of Medicine, Albert Einstein College of Medicine, Howard University, St. Vincent's Hospital, N.Y.; University of Leuven, Belgium; University of Perugia, Italy; Bispebjerg Hospital, Copenhagen, Denmark.

For a free copy of "The Cigarette Controversy," write Horace Kornegay, President, The Tobacco Institute, 1776 K Street, N.W., Washington, D.C. 20006.

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The only hope for finding the causes and cures of cancer, heart disease, lung ailments lies in honest research.

The great danger to that search for the truth is that society may be distracted from it -- as it has been -- by a hunt for the scapegoat.

That scapegoat has been smoking.

Today a great many other substances are equally charged with causing these diseases.

This may provide a welcome perspective. But it can give no permanent satisfaction to anyone concerned with finding root causes and cures.

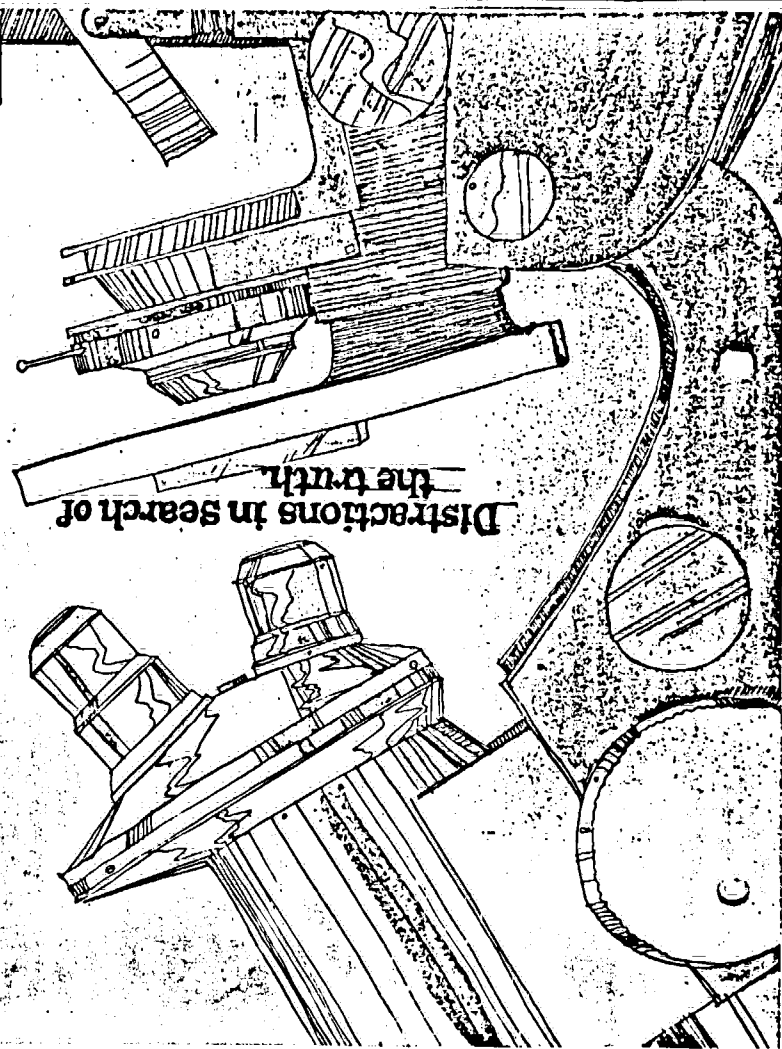
Quick and easy condemnation, whether of tobacco or of other substances, and the fear it breeds in individuals and society, are major distractions in the search for truth.

They prevent full and free discussion, impede freedom of choice, and slow down our progress toward real answers.

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THE MICROPHONES
are trying to
get us.
The chairman of
the committee
There's always
the chairman of
the committee
THE MICROPHONES
are trying to
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the committee



Distractions in the search for truth

Are we on the brink of paranoia?

Dr. Lewis Thomas, president of the Memorial Sloan-Kettering Cancer Center, recalls that not many years ago, when a patient visited a doctor, it was for an ailment or an injury that was readily discernible. Now, it is estimated, as many as 75% of all visits to doctors are by people who have nothing organically wrong with them.

Dreaded killers and cripplers like tuberculosis, pneumonia and polio have been brought under control. People live longer than ever. Yet perhaps as a result of mass communications and widely publicized "wars" against disease, many have dark perceptions of the world as a place where, in Dr. Thomas's words, "the microbes are always trying to get at us, to tear us cell from cell, and we only stay alive and whole through diligence and fear."

Another famous doctor wonders whether we are having an epidemic of cancer or of cancerphobia. "The present climate," he says, "seems to be a particularly alarmist one, perhaps bordering on hysteria."

And where there is unreasoning fear and hysteria, history teaches us, there is certain to be a scapegoat. Today that scapegoat is the smoker.

It didn't start out that way. First, there was a "war on cancer." Then a "war on cigarettes." Now there is a "war on smokers."

The creation of a scapegoat serves a purpose for those who create it.

It distracts people from their real problems. "Look," one can say, "he's the cause of all your troubles."

But at a terrible cost.

At the cost of suppressing facts, of distorting data, of refusing

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to look at where a real, but contradictory, truth might be hidden.

At the cost, ultimately, of slowing down the progress of science, and of dividing society into hostile camps.

And that cost is being paid today by everyone.

There is no way that any scientist can say that smoking -- or any one of hundreds of other things -- does not cause cancer. There is no way to prove any substance absolutely innocent until you have found the real cause.

But there is one thing that science can say with assurance: No one knows the root cause or causes of cancer.

That is the fact which the anti-smoking forces would divert us from.

And in doing so, they divert us from a search for the truth to a hunt for the scapegoat.

Today, our incipient paranoia about cancer, heart disease and other ailments is fed not only by charges against smoking but by charges against milk, coffee, bread, sugar, margarine, olive oil and peanut butter -- to select just a few at random.

For what comfort it may be to all of us exposed to these substances and the charges against them, Dr. Thomas has an interesting speculation:

"We don't really know anything at a deep level about the mechanism of heart disease, or cancer, or stroke, or rheumatoid arthritis. We can make up stories about them, and it could be, I suppose, that they do have multiple causes, and are due to things we can't control in the environment.

"If that's true ... it would be quite a bit of news. Because it has never happened before. Every disease we know about ... turns out to be a disease in which there is one central mechanism.

"There may be a lot of other things going on, and maybe a lot of things that we don't know about have to do with a predisposition to the

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disease, and maybe a lot of things aggravate the disease once it is established, but there is always a chairman of the committee.

"In the case of pneumonia, it is the pneumococcus, and in the case of tuberculosis it is the tubercle bacillus, and in pellagra it's a single vitamin deficiency. And I have a hunch -- of course, I can't prove it -- that it will turn out to be that way for cancer and probably for coronary occlusion, probably for stroke and probably for the kind of kidney disease that develops into chronic renal failure."

As Dr. Thomas suggests, today's scientists suspect a wide range of factors that may be involved in these diseases. Among them are genetic predisposition, aging, stress, obesity, high blood pressure, cholesterol, radiation, chemicals and the growing number of occupational and environmental pollutants.

And we must all of us somehow adjust to this world in which so many things can be suspected, but where none appears to be the "chairman of the committee."

It clearly can not be smoking where the one who contracts the disease does not smoke. And it clearly cannot be any of the others where they are not present.

So the search must go on.

And the only thing that can slow it down is for all of us to allow the voice of paranoia to divert our attention and our funds from the search for truth to the hunt for the scapegoat.

We have confidence that there are enough of us, nonsmokers as well as smokers, who want to know the truth to see that that doesn't happen.

The Tobacco Institute

Freedom of choice is the best choice.

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The one thing, perhaps more than any other, that prevents honest dialogue and free discussion is "myths" -- those exaggerated, distorted and false beliefs which pass for "facts."

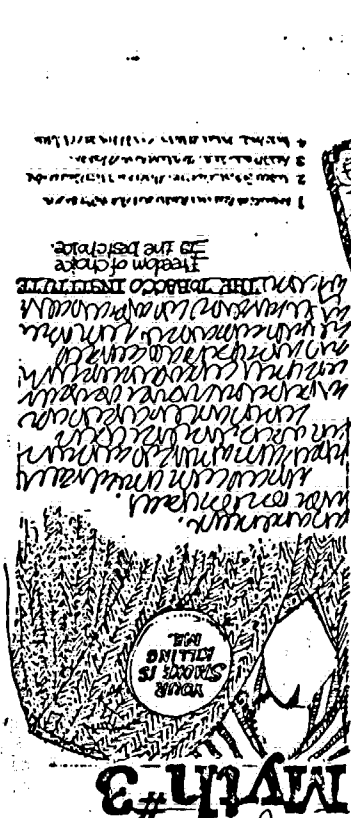
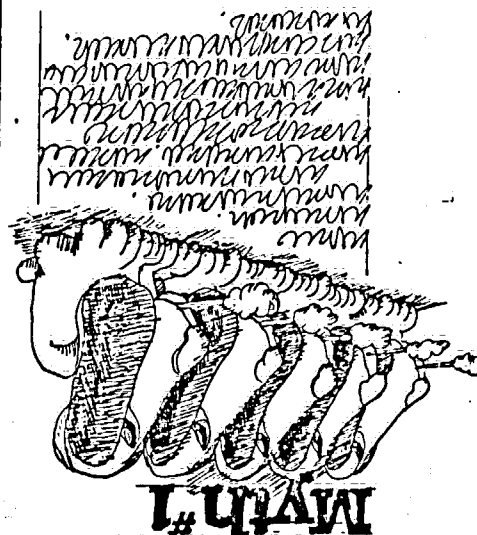
The best contribution we can make to full and free discussion -- and to the informed freedom of choice which cannot exist without it -- is to help in clearing away these "myths".

This is a beginning.

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Great Anti-Smoking Myths:



Great Anti-Smoking Myths

Some scientists, and many laymen, think we've all heard too much about risks to our health -- to the point where we may be in danger of becoming a nation of hypochondriacs.

Scarcely a week passes without our being informed that "(blank) causes heart disease," or "(blank) causes cancer." And every literate citizen can fill in the blanks with dozens of suspects.

But in a democratic society, each of us needs to know about risks so we can make our own personal "risk-benefit analysis." And society needs to know about risks so it can intelligently set public policy.

The true danger to our health may not be in knowing about the risks, it may be in the distortion and exaggeration of them -- in the myths that grow up about them.

In the area of smoking and health, there are literally dozens of myths, floating freely in, and poisoning, the stream of public discussion.

The best known is probably "the smoking dogs."

Millions heard the story first from Walter Cronkite. "This is the first cause-effect link," he announced, "between smoking and cancer in higher animals." Front pages of newspapers carried the story: "12 of 86 'smoking dogs' get cancer."

But few heard the final, correct story. The two researchers had called a press conference and announced their results without the "peer review" by fellow scientists that is the only safeguard against false or faulty research. Two leading medical journals refused to publish the material. When it was finally published in a smaller journal, the 12 dogs had been

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reduced to 2 -- which were now claimed merely to show "microscopic" signs of cancer. And an eminent pathologist, reviewing the article, stated flatly that even as to these, "The photomicrographs in the published material are inconclusive as to the existence of any cancer."

But millions were misled by the original story, and still are.

Perhaps the most durable myth is that smokers' lungs get black from "tar." They don't. "Tar" is an artificially-produced condensate of smoke. It can be produced in a laboratory (not in a human body) only by cooling the smoke far below human temperatures. "I know of no way," the president of the Thoracic Society testified before congressional hearings, "to distinguish the lungs of a smoker from those of a nonsmoker."

But millions have been taken in by the myth, and many still are.

The most recent myth is the one deliberately propagated by the more extreme anti-smoking groups that "Your smoke is killing me." Jumping from one false conclusion -- that it is an already "proved fact" and a "closed case" that smoking causes disease in smokers -- they have leaped to the conclusion that smoke in the air causes disease in nonsmokers.

There is honest and searching debate among scientists about the effects of smoking on smokers; there is no such debate about its lack of effect on nonsmokers:

"As a scientist, I am interested in actual data ... (it) simply does not support the theory that a nonsmoker absorbs amounts which can cause harm." (1)

"The medical literature to date does not indicate any significant health risk to the nonsmoker from environmental tobacco smoke normally

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encountered in day-to-day situations." (2)

" ... it is not, in fact, actually harmful." (3)

"There is no evidence that other people's smoke is dangerous to healthy nonsmokers." (4)

Since this myth is deliberately propagated by anti-smokers who in many cases know it to be false, it is not merely a myth, but a hoax.

In citing these myths, we don't want to be seen as encouraging anyone to smoke, or to diminish in any way the warning notice on every pack of cigarettes. Each smoker must strike his own balance between perceived risks and perceived benefits.

Nor do we want to diminish in any way the sensible complaints that many nonsmokers have about the occasionally discourteous smoker, or the annoyance of the badly-ventilated "smoke-filled rooms" that everyone, including the smoker, finds distasteful.

On the contrary. We want to encourage full and free discussion and help, if we can, in finding courteous and reasonable accommodations between smokers and nonsmokers.

Myths and hoaxes, exaggerated claims and distorted facts get in the way of discussion and accommodation. They impede our freedom of choice, both as individuals and as a society. And in doing so, they are truly "dangerous to our health."

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Freedom of choice is the best choice.

(1) Dr. Walter M. Booker, Emeritus Professor of Pharmacology, Howard University, statement before the New Jersey Public Health Council, October 20, 1977.

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- (2) Medical researcher Dr. C.H. Hine, "Second-Hand Smoke -- Is It Harmful?" San Francisco Examiner, August 11, 1977.
- (3) Dr. Jonathon Rhoads, Chairman, National Cancer Advisory Board, former president of American Cancer Society, in "A discussion of smoking and health," Newsprobe, WTAF-TV, July 16, 1975.
- (4) "Pipe and Cigar smoking: the report of an expert group appointed by 'Action on Smoking and Health'." The Practitioner 210 (1259): 645-652; 1973.

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INTERMEDIA, INC.

1979

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DATE: November 29, 1978

CLIENT THE TOMACCO INSURANCE

WOOD

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NY 24

INTERMEDIA, INC.

CLIENT THE TOBACCO INSTITUTE

PRODUCT

BUDGET

PLAN

1979

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DATE: November 29, 1978

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Proposed Budget

Media	\$ 3,371,631
Production	125,000
	<hr/>
Total	\$ 3,496,631

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THE TOBACCO INSTITUTE
1979 MEDIA PLAN SUMMARY

<u>PUBLICATION/CIRCULATION (000)</u>	<u>TOTAL COST</u>
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NEWSWEEKLIES

Time/4311.1	\$ 424,624
Newsweek/2958.9	295,170
U.S. News & World Report/2100.8	202,134
	<u>\$ 921,928</u>

SUNDAY SUPPLEMENTS (MINUS S.F. & L.A.)

Parade/20,575.0	792,568
Sunday Metro/14,338.8	673,614
Family Weekly/11,544.3	425,822
New York Times/1486.7	73,623
	<u>\$1,965,627</u>

JOURNALISM TRADE

Columbia Journalism Review/34.2	14,340
Editor & Publisher/26.6	10,668
	<u>\$ 25,008</u>

SPECIAL CONSUMER MAGAZINES

Southern Living/1600.0	114,226
Louisville/10.6	4,385
Greensboro/Triad/22.5	6,200
	<u>\$ 124,811</u>

TOTAL: \$3,037,374

SAN FRANCISCO & LOS ANGELES SUPPLEMENTS

California Living (SF)/688.6	37,818
L.A. Times Home/1315.1	71,549
	<u>\$ 109,367</u>

TOBACCO TRADE PUBLICATIONS

Farm Journal/1400.0	169,279
Flue Cured Tobacco Farmer/45.5	21,259
U.S. Tobacco Journal/10.5	10,807
Tobacco Reporter/3.7	8,425
Kentucky Farmer/49.1	15,120
	<u>\$ 224,890</u>

GRAND TOTAL ALL MEDIA: \$3,371,631

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SUNDAY METROPOLITAN

"WAIVER" MARKETS

<u>CITY</u>	<u>PAPER</u>	<u>CIRCULATION</u>
Atlanta	JOURNAL & CONSTITUTION	535,587
Baltimore	SUN	361,380
Buffalo	NEWS	180,000 est.
Chicago	TRIBUNE	1,155,572
Cincinnati	ENQUIRER	291,600
Cleveland	PLAIN DEALER	457,963
Columbus	DISPATCH	330,631
Dallas	MORNING NEWS	339,232
Denver	POST	338,589
Des Moines	REGISTER	428,212
Detroit	NEWS	826,304
Houston	CHRONICLE	395,148
Indianapolis	STAR	355,216
Kansas City	STAR	406,481
Louisville	COURIER-JOURNAL & TIMES	351,760
Memphis	COMMERCIAL APPEAL	283,221
Miami	HERALD	534,853
Milwaukee	JOURNAL	532,661
Minneapolis	TRIBUNE	610,408
New Orleans	TIMES-PICAYUNE	318,647
New York	NEWS (C&S)	2,259,508
Omaha	WORLD-HERALD	282,066
Philadelphia	INQUIRER	861,600
Phoenix	ARIZONA REPUBLIC	358,249
Providence	JOURNAL	212,983
Rochester	DEMOCRAT & CHRONICLE	227,294
St. Louis	GLOBE-DEMOCRAT	275,070
Seattle	TIMES	327,490
Toledo	BLADE	208,487
Washington	STAR	374,251

TOTAL - 30 Papers (NY (NEWS C&S)

14,420,463

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